

FACSIMILE TRANSMITTAL LETTER**PAGE 1 OF 14**DATE: **April 26, 2005**TO: **Margaret Stevens**RE: **Applicant : Michael S. Colman****Serial No. 09/766,161****Filing Date: January 19, 2001****For: Improved Recovery of Linear Nucleic Acids By Salt Dilution and/or Reduced Pressure Prior to Continuous Pressure Differential Ultrafiltration****Our Ref: MCA-538**FAX NO: **(571) 273-0553**

FROM:

Kevin S. Lemack**Registration No. 32,579****Nields & Lemack****176 E. Main Street****Westboro, MA 01581**TEL: **(508) 898-1818**FAX: **(508) 898-2020****MESSAGE:**

In accordance with your telephone conversation with my secretary, Ann Marie, we enclose herewith a copy of the RCE and amendment that was filed on August 9, 2004.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that these papers are being facsimile transmitted to the Patent and Trademark Office on the date shown below.



Kevin S. Lemack
Registration No. 32,579_____
April 26, 2005

Date

PTO/SB/21 (08-03)

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FORM**

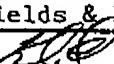
(to be used for all correspondence after initial filing)

		Application Number	09/766,161
		Filing Date	January 19, 2001
		First Named Inventor	Michael S. Colman
		Art Unit	1723
		Examiner Name	Menon, Krishnan S.
Total Number of Pages in This Submission	13	Attorney Docket Number	MCA-538

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> -Request For Continued Examination (RCE, Form
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	-Appendix (1-Page)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Kevin S. Lemack Niels & Lemack
Signature	
Date	August 9, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Kevin S. Lemack		
Signature		Date	Aug. 9, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-03)
Approved for use through 07/31/2008. OMB 0651-0032
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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	1,190.00
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METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account Number	14-0930
Nields & Lemack	

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
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 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 180	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)			

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from table	Fee Paid
Independent Claims	-20** =	X	
Multiple Dependent	-3** =	X	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 88	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)			

***or number previously paid, if greater. For Reissues, see above*

SUBMITTED BY

Name (Print/Type)	Kevin S. Lemack	Registration No. /Attorney/Agent	32,579	(Complete if applicable)
Signature	<i>[Signature]</i>			Telephone 508-898-1818

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